

Working in the psychiatric institution with MBT: the supervision between analytic listening and educational goal

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INTRODUCTION

Since the beginning, the teaching of psychoanalysis has been an important and controversial issue. It is well known that before others, Freud recommended that analysts had recurring moments of verification of themselves through periodical moments of analysis (Freud, 1937). Moreover Freud also perceived the importance of the contribution that a discussion with a group of colleagues-the Wednesday meetings at his studio-could have in the management of difficult cases. The same Freud some times brought his case "The Rat Man" to the Wednesday meetings (Nunberg, Federn, 1962). This instructive tradition took shape inside the different psychoanalytical societies: in the German one with the focus set on the training by K. Abraham -as Jones tell us (Jones, 1926)-, or in the English one, which tried to mediate between Freudian and Kleinian teaching (Limentani, 1989). Indeed, today the IPA guarantees a unique training standard.

AIM OF THE STUDY

Important information recently introduced both in the training and in clinical fields are the creation and the publication of handbooks. Nowadays there are a quite a few and some of them are psychoanalytically oriented. In particular, in our work inside the institutional psychiatry we referred to MBT (Bateman, Fonagy, 2004, 2006), having been trained following specific workshop training and study group. The aim of our study is to try to answer to the following questions: Can an intervention technique perfectly manualized as the MBT benefit from periodical moments of psychoanalytical supervision? What is the meaning of the integration of the two things?

WORKING IN THE PSYCHIATRIC INSTITUTION WITH MBT

The supervisions took place in individual settings with a young trainee in psychiatry. A deep study of MBT was included in their psychodynamic oriented training. They followed the treatment of individual patients diagnosed with Borderline Personality Disorder. The sessions and supervision had a weekly frequency. In supervision we stressed not only that the general principles of psychodynamic treatment, but also focused the MBT based interventions had importance (Bateman, Fonagy, 2006). In particular, most of the patients developed from having no or a low level of mentalization at the assessment time (Bateman, Fonagy, 2004), to a better ability to trigger this function during the treatment. This result has not been homogenous but it has been found with stronger evidence in those cases where the diagnosis was more coherent with the treatment model.

SOMETHING MORE THAN MANUALIZATION. Even though we try to adhere to the MBT directions, our psychoanalytical training lead us to some elements that don't really have a reference to the manualized procedure but that are anyway brought to supervision by young colleagues. These elements refer to what we generally call counter-transference (Racker, 1968). Our choice has been to consider these elements, keeping in mind the distinction between the manualized and the counter-transference levels. We reserve the right to assess the usefulness of this way when working on it a second time.

A CLINICAL EXAMPLE. One of the trainees has been following the progress of a young Borderline patient for a few months. The treatment has been evolving positively. The patient has a good transference on the psychoanalytically oriented therapy in course. The psychotherapist picks the right moments in the session which start up or strengthen the patient's mentalization. There is also a good working alliance between the therapist and the patient. After a few months since the treatment's beginning, the supervisor noticed a certain discomfort brought in supervision by the therapist. It is not due to a mentalization impairment or to any other specific factor. Instead it seems something ineffable, which has something to do with a kind of "impasse". The supervisor decides to make this perceived sensation emerge and enter the supervision field (Baranger & Baranger, 1969; Ferro, 1996). It is a topical moment: both the MBT competence and the supervisor's psychoanalytical listening take place. In this way that "impasse" sensation, just perceived until then, takes shape more specifically. The psychotherapist tells how difficult the case's management is due to the presence of difficult parents and of others colleagues who follow the patient from different points of view. The supervision can get a clearance space in which feeling, dreaming and thinking meet each others (Ogden, 2006). A meeting with the different professionals is organized and it is very useful for the psychotherapist and therefore for the patient. The treatment goes on successfully.

DISCUSSION. It is not possible to predict how things would have developed if the supervisor had just followed correctly the MBT directions. The common psychoanalytical background of the MBT and of the counter-transference concept, moreover with the complexity of the job done inside the institutional setting, led us to this kind of intervention in supervision. We would underline that we are not hypothesizing a limit in the MBT but rather pointing out something more than any other manualized treatment procedure could predict. As clinical example shows, our work is inspired by relational psychoanalysis (Mitchell & Aron, 1999). Are done a reciprocal influence between patient and therapist and a co-construction of the psychoanalytical process (Sander, 2008). This reciprocal influence and construction takes place also between therapist and supervisor. We hypothesised that the use of counter-transference by the supervisor could help a revision of the emotions played in a specific moment of the therapeutic process. The psychoanalytic listening (Freud, 1922) is enriched by the contributions of the actors of the field (Baranger & Baranger, 1969; Ferro, 1996) and a reactivation of thought's spaces takes place (Ogden, 2006). Therefore it seems useful to integrate moments of psychoanalytical listening and training moments (Binder, 2007).

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